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Buckhead/Midtown

Canton

Decatur

Fayetteville

Kennestone

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Newnan

Norcross

Peachtree City

Statesboro

PHYSICIAN ORDER FORM

PATIENT INFORMATION

Patient Name: _____

Patient Address: _____

Patient Phone: _____

Patient Email: _____

DOB: _____

Gender: _____

Height: _____ Weight: _____

PHYSICIAN INFORMATION

Referring Physician: _____

Referring Clinic: _____

Diagnosis: _____

Phone: _____

Email: _____

Fax: _____

MRI

HEAD & NECK

- Brain
- Neck Soft Tissue
- TMJ
- Face
- IAC / Pituitary
- Orbits

MUSCULOSKELETAL

- Ankle L R
- Clavicle L R
- Elbow L R
- Femur L R
- Finger L R
- Foot L R
- Forearm L R
- Hand L R
- Heel L R
- Hip L R
- Humerus L R
- Knee L R
- Shoulder L R
- Tibia / Fibula L R
- Toes L R
- Wrist L R
- Other: _____ L R

SPINE

- C-Spine
- T-Spine
- L-Spine

MRA

- Brain / Head / Circle of Willis
- Neck / Carotid

BODY

- Abdomen
- Abdomen / MRCP
- Abdomen / Kidneys
- Abdomen / Adrenal Glands
- Abdomen / Liver
- Brachial Plexus
- Pelvis Soft-Tissue
- Bony Pelvis
- Sacrum / Coccyx
- Chest

CONTRAST

- w
- w/o
- w & w/o

ATTORNEY INFORMATION

ICD-10 Code/Diagnosis: _____

Attorney Name: _____

Attorney Number: _____

Date of injury: _____

- Work Comp
- MVA
- Slip and Fall

PHYSICIAN'S NOTES *Applicable Patient History Description*

Specify exam if not listed: _____ Additional Notes: _____

Physician Signature: _____ Date: _____